## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.	<u> </u>
	HILLIA -
$\cdot 111^{-1}$	MMM
10 0	HIVOR
A DOT YOU A BIOD OO	

FILING DATE

APPLICANT(S)

				S	

	AS F	ILED		TER ndment	AFTER 2 ** AMENDMENT		
	IND.	DEP.	IND.		IND.	DEP.	
1							
3							
4							
5			<del></del>	ļ			
<u>6</u> 7	`			ļ		<u> </u>	
8		<del>`</del>			1		
.9		<del>     </del>					
10							
11		· ·					
12				l			
13		i					
14							
15							
16				·			
17							
18						•	
.19 20		·					
21						•	
22							
23			<del></del>			··	
24							
25			-				
26						<del></del>	
27							
28							
29							
30							
31		<del></del>					
33							
34						<del></del>	
35			<del></del>			<del></del>	
36							
37							
38							
39							
40							
41	•						
42							
43							
44							
46							
47							
48							
49				-			
50						· · · · · ·	
TOTAL IND.	1	1		1		1	
TOTAL DEP.	74	4				4	
TOTAL	1/				1		
CLAIMS				A contract			

	AS F	ILED	AF 1"AM	TER ENDMENT	AFTER 2 MAMENDMENT	
	IND.	DEP.	IND.			DEP.
51				221.	A.D.	DEI.
52						<del>†</del>
53						
54			ļ			
55	<b> </b>		ļ	<del></del>		
56 57			<b>!</b>	<del> </del>	<b></b>	<del> </del>
58	<b></b>			<del> </del>		ļ
59			·	<del> </del>	<b></b> -	
60			<u> </u>	<del> </del>	-	<del>                                     </del>
61						<del>                                     </del>
62					1	
63						
64						
65			<u> </u>	<u> </u>		
66 67	l		ļ. <u>.</u>			
68		<u> </u>		<del> </del>		
69				<del> </del>	<del>,</del>	
70		<u> </u>		<del> </del>		
71				<del> </del>		<del></del>
72						
73						
74						
75						
76						
77 78	ļļ					
79					·	
80		· · · · · · · · · · · · · · · · · · ·				
81						
82						
83						
84						
85						
86						
87 88						
89						
90	177					
91						
92					-	
93						
94					$\overline{}$	
95						
96						
97						
98						
99 100		·		—— <del>-</del>		
TOTAL						
IND.		₩		<b>♣</b>	[	1
TOTAL DEP.		<b>(-</b>		<b>(</b>		<b>4</b>
TOTAL CLAIMS						

U.S. DEPARTMENT of COMMERCE